

# Form CPF M 102: Campaign Finance Report

Municipal Form PECFIVED TOWN CLERK

Office of Campaign and Political Finance

2019 OCT 17 P1 0: 22
File with: City or Town Clerk or Electron Commission

Fill in Reporting Period dates: Beginning Date:	19 Ending Date: 10 17 19
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable)  Select Roard  Office Sought and District  40 Browns Road Grafton M401519  Residential Address  II-mail   IISadrice 16 @ gmail com  Phone # (optional) 508 587-0198	Vote Usa Rice  Committee Name  David M. Rice  Name of Committee Treasurer  40 Browns Road Crafton MA 01519  Committee Mailing Address  E-mail Vote For Lisarice @gmail.com  Phone # (optional)
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	480.00
Line 3: Subtotal (line 1 plus line 2)	302.35
Line 4: Total expenditures this period (page 5, line	14) 732.35
Line 5: Ending Balance (line 3 minus line 4)	50.00
Line 6: Total in-kind contributions this period (pag	(e 6) 130·00
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Santa	inder Bank
	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 10 17 19  only)  best of my knowledge and belief, a true and complete statement of all campaign finance
activity, of all persons acting under the authority or on behalf of this committee in accining any liabilities nor made any expenditures on my behalf during this reporting proceeding that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons activity under the pathogy or on-behalf of this Signed under the penalties of perjury:	period.  parate report  best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

# SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50 In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

eport all receipts. P	lease include your committee name and a pag	ge number on eac	
Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
9/28/19	Colin Beaford 38 Browns Raad, Graffon MA	50.00	
9/28/19	Vivienne Bedford 36 Rhowns Rd. Graffon Mary	50.00	
10/14/19	Mary Ann Brayer 4 Violet Lane Grafton MA	20.00	
10/1/19	Sully Burbe I Appaloosa Drive N. Grafton 01536	50.00	
10/16/19	Peter Coulson 42 Old Upter 12d Graften 0159	50.00	
10/10/19	Wendy Carlson 42 Old Upten Rd Graftenassq	1000	
10/10/19	Kristen cummings 1 George Hill Road Grafton MA	50.00	
10/16/19	Henry Cumminep 1 George Hill Kd. orth	50.00	
10/10/19	Daniel Custer io Lordvale Blvd NorthGrafte	25.00	
10/10/19	Janet Halloran 119 Merrian St. Grafton MA	50.00	
9/26/19	William Hanley 35 Brigham Han Ra ma	25.00	
10/10/19	arry Marr 34 Ferry Street S. Gr	50,00	
Line 9: Total Rec	ceipts over \$50 (or listed above)	480.00	
Line 10: Total Re	ceipts S50 and under* (not listed above)	0	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	480.00	← Enter on page 1, line 2
* If you have itemiz	zed receipts of \$50 and under, include them in lin	ne 9. Line 10 show	ald include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)  David Rice 40 Brownskd Graften M	Amount	Occupation & Employer (for contributions of \$200 or more)
9/11/19	David Rice		
	UD Browns Rd Graften MM	30 2.35	Carryth Capital Accountant
	0.119		
	F. A		
Line 9: Total Recei	pts over \$50 (or listed above)	302.35	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0	
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

eport all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/4/19	Dunluin don uts	72 Wordster Rd. Rtc 122 bratan M4	Donuts für Senior Center Outreacon	15.78
9/25/19	Koopman Lumber	82 Worcoskrst. N. Grafton 01536	States for Campaign	11.20
10/4/19	KoopmanLumber	82 Wordsterst. N. Grafton 01536	Stalles For campaign	3.72
9/22/1	Groupon	Unline www.grospon-com	Vacher for Banner	14.99
9/22/19	Mailpix	On line 221 Mainst. Huntington	Bannershipping	12.99
9/17/19	Practical Image con	7 63 Waverly St. Framinghom MA01703	Lawnsigns	181.69
9/15/19	Stop and hop	Graftan Mussig	Candy for Volunteers	20.48
10/16/19	Stop and Shop	100 Worwster St. Graften M-01579	Plant for meet the condidate Night	9.55
10/1/19	Target	330 Turnpilve red Westhorn ma 015 & 1	labels for postcards	20.95
10   9   19	United States Petral	17 Ferry St. S. Graften MA 01840	Stamps for post-conos	252.00
10/7/19	United States Postal Service	17 Ferry St. S. Grafton M4 01560	Stamps for postcards	70,00
10/8/19	United States Postal Service	33 Upton St. Graften Massa	Stamps for postcords	70.00
		Line 12: Total Expenditures o	ver \$50 (or listed above)	683.35
Line 13: Total Expenditures \$50 and under* (not listed above)			8	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			132.35	
	The same of the sa		1 113 4 1 1 1 1	1

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/9/19	United States post Genvice	33 Upton St. Graftan MA 01519	Stamps for postcards	49,00
				And A service of the
-				
		11999		
		Line 12: Expenditures over \$50	(or listed above)	(49.N)
		Line 13: Expenditures \$50 and		B
	Enter on page 1, line 4 -			

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/19/19	Robert & Jill Recebici	orafitm M4 01519	postcourds for companign	130.00
[	1	Line 15: In-Kind Contribution	s over \$50 (or listed above)	130.00
		Line 16: In-Kind Contributions	s \$50 & under (not listed above	12
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND (	CONTRIBUTIONS	130,00

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

# SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	***************************************			
	Enter on second line 7 ->	Line 18: TOTAL OUTSTANI	OINC LIABILITIES (ALL)	A